"On our first visit, the tumour had exactly the appearance of a neglected abscess. The distension and colour of the integuments would have induced us at once to give relief by an incision, had not the small opening, referred to, existed, and had such a mistake been committed, I do not think the hemorrhage could have been even temporarily arrested, in consequence of the attenuated condition of the walls. The case presents a striking proof of the danger likely to occur, from rashly opening abscesses in the vicinity of important vessels; and, in the locality of this tumour, it is feared that strumous abscesses are every day laid open, after a very cursory examination."

Prof. Fergusson relates a similar case, in which the child also died from hemorrhage, and on dissection, the hemorrhage was found to have taken place from an ulcerated opening in the lingual artery, near its origin from the carotid.

39. *Pathology of fracture of neck of the Femur.*—Prof. **Hargrave** exhibited to the Surgical Society, Ireland, at their meeting on the 8th of April last, a specimen of ununited fracture of the neck of the femur, which he found in the dissecting rooms of the College school. It was taken from a male, aged between sixty and seventy, and occurred in the left thigh; the limb was from two to three inches shorter than the sound one, the motions of which were very free: the capsule of the joint was very thick for its whole extent; the two obturator muscles were very strong and attached to their usual parts; their augmented strength was evidently for the purpose of preventing the external part of the fracture being carried during progression and standing, upwards and outwards. This is the second example Professor H. met with of the value of these muscles in a nearly similar pathological condition of the neck of the femur. On opening the capsule posteriorly, not a vestige of the neck of the femur remained; the head of the bone was closely confined in the cotyloid cavity by the lig. teres, which was shorter than usual, also much stronger; the external surface of the head of the femur towards the inferior part presented a small porcellanous deposit, and from the centre of the external surface a strong short band of fibrous structure passed downwards and outwards to be attached to the internal surface of the capsule; besides this strong band, two smaller ones extended from the edge of the head of the femur to corresponding parts of the capsular ligament: the articular aspect of the head of the bone presented a slightly nodulated appearance, which was deprived of cartilage, and covered by a thin lamina of the ivory deposit. This portion of the bone, from the nature of its fibrous attachments, was tolerably firmly fixed in its articular cavity. That part of the femur corresponding to the site of the external end of the neck of the bone was irregular in its aspect, and about one-third of it covered by the porcellanous deposit; in the movements of the limb it must have played upon a part of the head of the bone, chiefly where it was covered by the kind of deposit already mentioned. Professor H. considered this a rare specimen of the ununited fracture of this part of the femur, as there is no specimen in the museums of the College similar to it; there was one in which a strong fibrous band extended from the head of the bone to the near branch of the neck still existing. To sum up the peculiarities of this morbid specimen, not a vestige of the neck of the bone remained; the head of it was confined closely in its cavity by the ligamentum teres, and the fibrous bands extending from the external surface of the head to the capsule. Professor Hargrave expressed an opinion, that in future such extreme examples of the absorption of the neck of the femur would be very rare, in consequence of the improved plans of treatment now pursued for this kind of fracture, which, if followed up with care, would end in osseous union of it, or certainly union *of so firm a character* as will continue to the patient the almost perfect use of the limb, and scarcely any deformity. Three, if not four, examples of this kind of fracture have been treated in the city of Dublin Hospital during the last four years with the most perfect success.—*Dublin Medical Press*, April 19, 1843.

40. *Glossitis in an Infant.*—Surgeon **Koettl** relates a case of glossitis in an infant only nine days old. The affection having resisted the application of

leeches to the sides of the windpipe and other treatment, the child's mouth was opened and a longitudinal incision made along the dorsum of the tongue. This was followed by free bleeding, and in two hours the tongue was reduced to half its former size. The patient recovered.—*Oester Med. Wochens.* No. 47, 1842.

41. *Hunter's Operation for Aneurism.*—Mr. B. Phillips has collected from various works, 389 cases of aneurism treated by Hunter's method, of which 277 were cured.

	Cases.	Cures.
Subclavian,	80	46
External iliac,	79	62
Carotid,	74	59
Femoral,	113	77
Humoral,	30	24
Various,	13	9
	389	277

—*Arnott's Hunterian Oration*, 1843.

42. *Aneurism.*—Dr. J. Adair Lawrie, Prof. Surgery, Anderson's University, Glasgow, has examined the records of the Glasgow Infirmary, and finds that from the opening of the hospital in 1794, to 1st Jan. 1842, a period of forty-six years, there have been 23 operations "of aneurism for disease." Of these 23 cases he has been able to procure more or less accurate details of 17, from which he has constructed the following table:—

"1. *Sex.*—Of the 17, 13 were males, and 4 females, being in the proportion of 4¼ to 1; giving a large proportion of females. Dr. Hodgson makes the proportion one in thirty-four. Dr. Hope says that, in external aneurisms, it has not exceeded in his experience 'one in fifteen to twenty.'

"2. *Age.*—Excluding the two congenital cases, the ages range from 18 the youngest, to 65 the oldest. There is one under 20; two between 20 and 29; eight between 29 and 40; three between 39 and 50; one above 60. These ages are younger than is generally supposed; the explanation is to be found in the causes of the disease, or at least of the cases which form the table.

"3. *Causes.*—Of the 15 cases not congenital, eight were attributed to violence, either in the form of blows on the artery, as in cases 5 and 13, or from exertion or sprains: this combined with the ages and sex would show that external aneurisms are likely to be most frequently met with in those in the prime of life, whose occupations are fatiguing and laborious, and not in those whose arteries are diseased by age.

"4. *Vessels affected.*—Of the 17 cases, 3 occurred in the vessels of the head, neck, and upper extremities, (viz. 1 temporal; 1 sub-clavian; 1 brachial and vessels of forearm); 14 in those of the lower extremity; viz. 1 profunda femoris; 2 femoral, and 11 popliteal; showing a great disproportion between disease of the vessels of the upper part of the body requiring, or admitting of operation, and those of the lower. Of the lower vessels the popliteal is by much the most frequent cause of operation. This is doubtless attributable to the position of this artery relatively to the knee-joint. Something may also be owing to its being imbedded in cellular tissue, at some depth under the facia, and but loosely supported by the muscles. Of 10 of the popliteal aneurisms in which the limb is stated, 7 were in the left, and 3 in the right. This may have been accidental; but so far as it goes it may appear an objection to the opinion, that the cause of these aneurisms is rather to be sought for in the effect of violence than in disease in the vessels, inasmuch as the right knee is fully as much exposed to injury and over-exertion as the left. It may however admit of explanation, in what I believe to be very frequently the case, that the ligaments of the left knee are more lax than those of the right, allowing the joint to be thrown unduly backwards, and thereby causing a greater strain on the parts placed posterior to it.